Institutional deliveries

*276.SHRI KANJIBHAI PATE'L: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the number of institutional deliveries in the country has reached 50 per cent mark;

(b) if so, the reasons for non-coverage of the remaining 50 per cent; and

(c) the measures being taken to raise the percentage of such deliveries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (b) Institutional delivery rate for the country is estimated at 40.7% as per the National Family Health Survey (NFHS) conducted in 2005-06. The reasons for low institutional delivery are multi factoral that include inter-alia various socio-economic and cultural factors, lack of health infrastructure alongwith poor accessibility and utilization of available services at the health facilities.

(c) With a view to encourage pregnant women, especially those in the rural and underserved areas, avail facilities provided by health institutions for delivery, the Government of India has launched a programme for safe motherhood namely the Janani Suraksha Yojana (JSY) under National Rural Health Mission (NRHM.). The scheme addresses quality maternal care during pregnancy, delivery and immediate post-delivery period with appropriate referral transport along with cash assistance to pregnant women, to meet the cost of delivery. The scheme focuses on poor pregnant women, including women from SC/ST families, whose the level of institutional delivery is low. Since the implementation of the scheme in April 2005, there has been manifold increase in the number of beneficiaries availing this facility and thus increasing institutional deliveries. As against 5.7 lakh JSY beneficiaries in the year 2005-06, around 21 lakh women have taken benefit of this scheme upto December 2006, during the current financial year.

The following initiatives have also been taken under the National Rural Health Mission (NRHM) to improve facilities for institutional deliveries:

Organizing Village Health & Nutrition Day at every Anganwadi center at least once every month to provide maternal and child health

services and also to improve the awareness about the importance of institutional delivery and the facilities available for it.

- Operationalizing the Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services.
- Equipping 50% of all Primary Health Centers with 24-hours delivery services, by 2010.
- Strengthening of sub-centers to improve service delivery by providing united fund of Rs. 10,000 each.
- Appointment of Accredited Social Health Activist (ASHA) in every village for every 1000 population who will facilitate pregnant women in accessing health facilities for antenatal care, institutional delivery and post-natal checks ups.
- Ensuring quality MCH services by implementing the Indian Public Health Standards (IPHS) for Primary Healthcare Facilities, by providing infrastructure, specialized man-power and equipment.
- Training of Medical doctors in emergency obstetric care and administering anesthesia for cesarian section.
- Ensuring skilled attendance at every birth.

High speed train

*277. SHRIMATI SYEDA ANWARA TAIMUR:
SHRI VIJAY J.DARDA:

Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that a proposal regarding introducing trains with speed up to 250 km. per hour is under his active consideration;

(b) if so, whether our existing rolling stock and the track is capable of withstanding movement of such high-speed trains;

(c) initially what is the sector on which such a train would be run, and

(d) whether his Ministry would also take into consideration that services ofsuch trains are also available to our countrymen and not just confined to foreign clients only?